DŮTY STATUS REPORT

			 .		
	(Name)			(Post or S	tation)
Period from	10 Dec. 50	19to 6 Ja	n. 51	19	,
regular work d		periods of annu		dual named was on di ick leave, as noted	
: Date	: Hour	s Annual Leave	₹.:	Hours Sick Leave	: Initials
•	: / / /	None	:	Wone	:
<u> </u>	<u> </u>	· (0	<u> </u>		
}	· · · · · · · · · · · · · · · · · · ·	1	: /:		<u> </u>
	:./ \ /		[.]		
	uarters (Check	i e		Dependency (Che	•
	ccupied governm ccupied tempora		rs / x	Single without depoint Single with dependent	
	ccupied permane Form 33-22 has	nt quarters and been furnished	/ <u> </u>	Married without de Married with deper	-
	Headquarters, o	r is attached he	reto.		-
ept for the	following perio	ds of temporary	duty trav	at his post on all el. During all abs or quarters at his	sences from his
- .	icated under Re		/ F-3		
Date of	Departure from	Post Poi	nts Visi	ted Date of Re	turn to Post
<u> </u>					
					<u>· </u>
emarks:	·			· · · · · · · · · · · · · · · · · · ·	
				<u></u>	
		·			
ief and are n	nade for the pu		tiating o	the best of my kno r causing payments al.	
			•		
			Signed:	Chief of	Station
				0,1101 01	~ · · · · · · · · · · · · · · · · · · ·
.· Al	PPROVED FOR	RELEASE			
· ·	ATE: 28-May-20		R B T		

- INSTRUCTIONS

- 1. This form must be prepared for each employee covering each 4-weekly pay period, and forwarded in a single copy only to Headquarters, not later than 3 days following the end of the pay period.
- 2. All periods of annual or sick leave must be specifically and clearly indicated.
- 3. If any change occurred in the individual's quarters or dependency status during the period covered by this report, show clearly under "Remarks" the nature of the change and the exact date on which it occurred.
- 4. All periods of absence from the post should be clearly indicated. If the individual is absent from the post at the end of the reporting period, indicate the approximate date he is expected to return.
- 5. If the individual is occupying permanent quarters, Form 33-22 must be submitted with this report, unless it has been previously forwarded.
- 6. Any unusual condition or circumstance which would effect the payment of Salary, Allowances, Leave or Salary Differential will be clearly set forth on this form.